STATEMENT OF PROCEEDINGS

FOR THE REGULAR MEETING OF THE LOS ANGELES COUNTY COMMISSION FOR CHILDREN AND FAMILIES HELD IN ROOM 739 OF THE KENNETH HAHN HALL OF ADMINISTRATION 500 WEST TEMPLE STREET, LOS ANGELES, CA 90012

Monday, July 18, 2011
10:00 AM

ROLL CALL

Present: Chair Curry, Vice Chair Friedman, Vice Chair Olivas, Vice Chair Savelle, Commissioner Berger, Commissioner Biondi, Commissioner Franzen, Commissioner Kang, Commissioner Kleinberg, Commissioner McClaney, Commissioner Murray, Commissioner Rudnick, Commissioner Sorkin and Commissioner Trevino-Powell

Excused: Commissioner Williams

1. Call to order. (11-3167)

The meeting was called to order by Chair Curry at 10:10 a.m.

I. ADMINISTRATIVE MATTERS

2. Introduction of July 18, 2011, meeting attendees. (11-3168)

Self-introductions were made.

3. Approval of the Agenda of July 18, 2011. (11-3169)

On motion of Commissioner Kleinberg, seconded by Commissioner Murray (Commissioner Williams being absent), the agenda for the July 18, 2011, was approved with the following changes.

Agenda Item No.6, Discussion and approval of a memorandum to the DCFS Acting Director regarding the Title IV-E Waiver, was continued to the next meeting scheduled for August 1, 2011.

4. Approval of the Minutes from June 20, 2011. (11-3170)

On motion of Commissioner Murray, seconded by Commissioner Kleinberg (Commissioner Williams being absent) the minutes for June 20, 2011, were approved.

Attachments: SUPPORTING DOCUMENT

II. REPORTS

5. Chair's Report by Patricia Curry, Chair, for July 18, 2011. (11-3318)

Chair Curry reported the following:

- **The majority of the Commission members have completed the AB 1234 Ethics Training. However, there are few that need to fulfill this requirement. The training may be completed online, or through an instructor-led course; the next instructor-led course is scheduled for September 12, 2011.**

- **On May 31, 2011, the Board of Supervisors approved a motion adopting the County Policy of Equity (CPOE). The CPOE governs all employees, board members, supervisors, managers, commissioners, applicants and volunteers. Staff emailed the CPOE and an acknowledgement form to all Commission members. Commissioners who have not yet signed the acknowledgment form may obtain a copy from staff.**

- **A link to digital recordings of meetings will soon be available on the Commission minutes. A live implementation date is currently unavailable; however, staff will update the Commission when a date is determined.**

- **Acting DCFS Director, Dr. Jackie Contreras will not attend the Commission meeting today due to prior commitments; DCFS Medical Director, Dr. Charles Sophy will provide the Commission with the DCFS Acting Director's report.**

Commissioner Kleinberg requested placing the Commission bylaws on the agenda for the meeting scheduled for August 1, 2011, to discuss Commission officers. In addition, Commissioner Kleinberg requested that Commission staff to review the procedures required for revising the Commissions bylaws.

Commission staff informed the Commission that upon a change to the bylaws, a review by County Counsel would be conducted, upon which an item would be placed a subsequent Commission meeting agenda for discussion and approval of any changes.

Chair added that being Chair involves a significant amount of work and the reason why the Commission has three Vice Chairs was to prepare them to become Chair at some point.

After discussion, Chair Curry's verbal report was received and filed.

III. DISCUSSION

6. Discussion and approval of a memorandum to the DCFS Acting Director regarding the Title IV-E Waiver. (11-3341)

On motion of Commissioner Kleinberg, seconded by Commissioner Savelle (Commissioner Williams being absent), this item was continued to the meeting of August 1, 2011.

Attachments: SUPPORTING DOCUMENT

IV. PRESENTATIONS

7. Presentation by Dr. Charles Sophy, Medical Director, on the DCFS Public Health Nursing (PHN) Program. (11-3321)

Dr. Sophy reported the following:

- **The Lakewood Project is a pilot project between DCFS and the Department of Public Health (DPH) that took the nurses from DPH who by their funding may only see children in out-of-home care and detained by court order, to assist with evaluations. Approximately a year and half ago, using non-County funding and possible Waiver money, Public Health Nurses (PHN) were assigned to Clinical Social Workers (CSW) to improve continuity of care, relationship building, and to have one nurse on the case from the front-end to the back-end.**

- **The Lakewood Office Pilot Project has been a very successful project; however, it is very costly. There have discussions about the possibility of using Waiver dollars to offset some of the costs associated with the Pilot. Discussions also have taken place on methods to better assist a PHN by perhaps adding more clerical staff, a Licensed Vocational Nurse (LVN), or a nurse who can accompany the CSW and conduct an exam on a child. Unfortunately, a PHN cannot physically touch a child, a PHN can only consult.**

In response to questions posed by the Commission, Dr. Sophy added the following.

- **A breakdown by age is available for the ER cases over 60 days.**

- **DCFS has had discussion on the possibility of writing a grant request to First 5 LA, and is in the process of organizing all programs and stakeholders before making this request to First 5 LA.**

- **Since the last discussion on the Lakewood Office Pilot Project in March 2011, the Chief Executive Office (CEO) has assumed responsibility for the Project.**

- **There are two sets of nurses for the Project; 70 Public Health nurses and 40 DCFS nurses. These nurses' positions are funded by the Federal government specifically to examine children in foster care or in out-of-home care. A DCFS nurse is utilized for children on the front-end and a PHN is utilized in the back-end. Both, DCFS or a PHN cannot touch a child, they can only consult. Although a social worker is allowed to touch a child, they are not trained medical professionals, and a substantial amount of the vital data used to close or expedite cases comes from medical personnel.**

- **Dr. Sophy indicated that the CEO is working with DCFS and DPH to determine costs for the nurse positions. Although a place card has been placed for funding nurse positions within the Waiver request, it is difficult to determine what those exact costs of the nurse positions will be until a model is finalized. A new model can be similar to the Lakewood Office Pilot Project or, the addition of non-invasive medical professionals, or additional data entry clerical staff. The DPH cannot recover the salary and benefits cost for the 70 PHNs; therefore, DCFS must reimburse the DPH.**

- **There is a new electronic system for social workers to schedule medical appointments for children. Additionally, there are protocols and policies in place to determine the urgency of getting medical appointments, and when the social worker calls to make an appointment, the intake worker, nurse, or doctor will speak to the social worker to decipher an appropriate timeline. Social workers can also contact, Dr. Sophy to arrange a same day appointment and reduce the emergency room waiting period. Dr. Sophy indicated that he will remind social workers that they can contact him if there is an urgent need for a medical appointment.**

- **PHNs are not allowed to touch children because of policy set forth by the Federal government.**

- **There is an Emergency Response Policy that was recently rewritten to exclude Nurses' input as a requirement in order to expedite the closing of cases.**

- **There have been many changes within the DCFS Executive Office, and a new organization chart is available and will be forwarded to the Commission.**

After discussion, Dr. Sophy's presentation was received and filed.

8. Presentation by Nina Powell-McCall, Program Manager Family to Family & Family Group Decision Making Section, on DCFS Team Decision Making. (11-3323)

Ms. Powell-McCall reported the following:

- **DCFS began collaborating with the Annie E. Casey Foundation in early 2000 and identified four core strategies for system improvements: (1) Team Decision Making (TDM), (2) Building Community Partnerships, (3) Self-Evaluation, and (4) working better with resource families. TDM has been fully implemented in every DCFS office. Although, the family to family initiative through the Annie E. Casey Foundation is no longer offered, the foundation has provided technical assistance to DCFS enabling DCFS to build an the infrastructure moving forward. Currently, DCFS is working with the California Department of Social Services to expand TDM to the throughout the state.**

- **DCFS began with 26 TDM facilitators countywide, and currently has approximately 80 TDM facilitators. The smallest DCFS office has three TDM facilitators, and the largest has seven. The TDM facilitators attend a four-day training session to ensure that they through the training process engage families and communities to focus on the best placement for a child, which oftentimes placement with relative is the first option.**

- **A TDM representative from each office meets on a monthly basis with Ms. Powell-McCall and DCFS Division Chief Michael Rauso to discuss the program oversight. The structure of the TDM facilitators provides for direct reporting to their respective Regional Administrator. In addition, a standalone TDM database is maintained. TDM facilitators are provided with on-going training.**

- **The Resource Management Process (RMP) TDM is an enhanced removal TDM where the Resource Utilization Management (RUM) staff and Wraparound staff are engaged so when a child is at risk of going into group home placement, there is an opportunity to review what resources and family commitments staff can work with so the child would not need residential treatment. However, if residential treatment is needed, then it is provided.**

- **On the fifth of each month TDM facilitators are required to enter their RMP TDM data into the TDM database. Tracking for RMP TDM is more enhanced when everyone in the division is involved. The Rum section has the group home reports. These are reviewed to ensure that before a child enters a group home that he/she has had a TDM. The system was designed as such to allow the RUM worker to conduct Child and Adolescent Needs and Strengths (CANS).**

The TDM budget through the Waiver is as follows:

- **Fiscal Year (FY) 07/08 $1.3 million**
- **FY 08/09 $1.9 million**
- **FY 09/10 $2.5 million**
- **FY 10/11 $2.5 million**
- **FY 11/12 $2.5 million**

- **DCFS was conducting TDM's before the implementation of the Waiver. However, the Waiver has allowed DCFS to expand the utilization of TDM's to Permanency Planning Conference (PPC) TDM's. PPC's review youth who have been in out-of-home care for two years or longer with no legal permanency identified to coordinate what the permanency plan is for that particular child.**

- **The Waiver funds provided for an additional 14 TDM facilitators for PPC. In addition, the Waiver funded the expansion of the Command Post TDM facilitators who were transferred to the regional offices with the greatest needs.**

In response to questions posed by the Commission, Ms. Powell-McCall added the following:

- **DCFS has some information on outcome studies for the RMP TDM's which has a more expansive coordination responsibility.**

- **There is information on the number of youth entering group homes. However, for the Command Post TDM project, DCFS did not have the net gain goal that was anticipated. Unfortunately, the only written report that was available in terms of outcomes for the TDM's was the report that was required by the Waiver.**

- **DCFS is also concerned with the training, quality and consistency of the TDM facilitators. Although DCFS has standardized training for the TDM facilitators, the facilitators report to only one Assistant Regional Administrator (ARA). The ARA has other supervisors who manage units, but these supervisors have several other responsibilities related to direct service delivery. TDM cases are not brought to the attention of the ARA as readily as it would if a family had a case management issue or a court issue. DCFS will convene a meeting in September 2011 with all the ARAs countywide to address the support for ARAs who is managing the extra 2-7 TDM facilitators in addition to their other responsibilities.**

- **Dr. Rauso and Ms. Powell-McCall conduct random observations of TDM's. These observations allow them to adjust the trainings accordingly. In addition, the Annie E. Casey Foundation provided DCFS with tools on how to observe the TDM process in order to provide the TDM facilitator with coaching and reinforcement to maintain a certain baseline of quality.**

- **The ARAs observe TDMs every quarter and there are times when the ARA's participate. However, that occurs for the more problematic cases. ARAs may be consulted when there is an inability to reach a consensus on a particular case.**

- **DCFS has not surveyed the community in the last four years regarding their experience with the TDM process. Initially everyone who participated in the TDM process was given a standardized survey. However, DCFS did not have the infrastructure to conduct an analysis on the surveys.**

- **The reason for the decline in total TDMs completed in 2011 compared to 2010 can be attributed to the ER over sixty day crisis. Some of the TDM facilitators were temporarily reassigned resulting in fewer TDM facilitators. Those TDM facilitators that were reassigned have been returned as of July 1, 2011.**

- **During the upcoming Systems Improvement Plan, DCFS specifically has a goal to increase utilization of Reunification TDMs. Data on the number of TDM's for each type of TDM conducted is not available; however, that information can be forwarded to the Commission.**

- **One of the outcomes goals listed for the TDMs was to reduce any disparities associated with race/ethnicity, gender, or age. During a recent meeting of the Policy Workgroup with Judge Michael Nash, Presiding Judge of the Los Angeles County Juvenile Court, and the DCFS Director, an institutional analysis was completed. The analysis reviewed the Pomona, Torrance and Wateridge offices. One of the key elements was to have the TDMs afford an opportunity to engage the family. Although connected to the Eliminating Racial Disproportionality & Disparity (ERDD) and the disproportionality work, the policy for TDM facilitators was changed to ensure that the TDM facilitators greet the families in lobbies, invite community partners to the meeting when it's appropriate, and remove any feeling of isolation at the meetings.**

- **The community support division for the Family Preservation section was able to have a basic stipend or compensation for community representatives. As for other community partners, there is nothing formalized for any kind of compensation.**

- **Family Group Decision Making (FGDM) has been all but eliminated. There are two staff members who conduct FDGM. In addition, FGDM is only offered on a very limited basis, specifically for the Pregnant and Parenting Teen Project.**

After discussion, Ms. Powel-McCall's presentation was received and filed.

Attachments: SUPPORTING DOCUMENT

9. Presentation by Dr. Marvin J. Southard, Director, Department of Mental Health (DMH), on the State Budget and its impact on DMH Services. (11-3320)

Dr. Southward reported the following:

- **Mental Health Services in California were directly affected by Assembly Bill (AB) 100 which was the redirection of $861 million of Mental Health Services Act (MHSA) funding to pay for three statewide obligations for this one year only. These obligations had been historically paid for by the State.**

The three programs are as follows:

1. **Managed Care allocation which is the historic way that inpatient and involuntary care has been handled in Counties in California.**
2. **Early and Periodic Screening, Diagnosis, and Treatment (EPSDT)**
3. **Mental Health Services for Special Education Pupils (AB 3632)**

- **The three Programs will be paid for by the current FY 11/12 from the $861 MHSA dollars. The California Legislature dictated that formulas would be developed for allocation of those monies between Counties. Although, there was money set aside for each of the three programs a formula for those funds between Counties was not in place. The legislature indicated that the State would consult with Mental Health Directors to develop an equitable formula for the distribution of those monies.**

- **The distribution of funds for the Managed Care allocation was determined according to the historic utilization of those funds. Using that formula, Los Angeles County would receive approximately 30.8 percent of the total funds allocated for Managed Care which equates to approximately $17 million. The allocation formula for EPSDT was more challenging than for the formula used for Managed Care due to the fact that Counties are widely variable in their use of EPSDT, which is dependent on how aggressive they have been in providing mental health services for foster care children.**

- **The formula used past expenditures as a control for all California Counties and their proposed budgets for EPSDT. Los Angeles County received 41 percent of the total allocation for EPSDT. That allocation was high because Los Angeles County accounts for approximately 29 percent of the total population in California. In addition, the 41 percent allocation for EPSDT can also be attributed to the aggressive job Los Angeles County has done in providing mental health services to foster care children.**

- **Mental Health Services for Special Education Pupils Program (AB 3632) was the most challenging to determine because AB 3632 is a program that had a myriad funding sources including funding from the State. Therefore, it was determined that the best method for appropriate allocation of the $98 million statewide fund available for AB 3632 was to use the latest expenditures for all Counties minus the revenues. Based on that calculation, Los Angeles County would receive approximately 33 percent. However AB 3632 funds may only be used for special education treatment for youth.**

- **The State recently ended the mandate that Counties are required to provide AB 3632. That mandate has been transferred to the State Department of Education and to the School Districts. As a result, funds that were once allocated to DCFS to pay for residential treatment costs have been transferred to the State Department of Education budget. The $98 million is supposed to supplement the Infant Development Association (IDA) funds to pay for the mental health treatment component of AB 3632 programs. Each County now must draft Memorandum of Understandings (MOUs) with its special education districts and the Special Education Local Plan Area (SELPA) for this transition year.**

- **In FY 11/12 the Special Education costs will be solely a school responsibility. The funding for AB3632 will be included as part of schools base Proposition 98 funding. School districts can choose to contract with Counties if they wish to do so. Currently, Los Angeles County is negotiating of the Los Angeles Unified School District (LAUSD), to put into place an MOU that will describe how the money will move back in FY 11/12. In FY 12/13, LAUSD will provide those services themselves. Therefore, Instead of negotiating with 17 special education school districts, DMH is hopeful that they can work collaboration with the Arturo Delgado, Ed.D. Superintendent of Los Angeles County Office of Education (LACOE) in order to have LACOE be the lead entity. These discussions are in progress and DMH has been in contact with the Board offices and will provide them with legal analysis within the coming weeks.**

- **The State intends to merge the State Children's Health Insurance Program (SCHIP) or Healthy Families, as it is known in California, with the Medi-Cal program. The merge is good for children in the community because the rules for Medi-Cal would apply to this SCHIP program. When Healthy Families were a SCHIP, mental health services were divided into two parts, Serious Emotional Disturbances (SED) and non-SED. The SED component was the responsibility of DMH and its provider network. However, if a child was determined not to meet the threshold of SED, then the child needed to get mental health care from the provider network of the health plan available to the child. The reality is that most health plans do not have a mental health benefit available.**

- **During this iteration the children will be moving into Medicaid benefits. The medical necessity threshold under EPSDT is not SED; one may receive EPSDT without having SED.**

The State has estimated in advance that the local match is included within the EPSDT 41 percent allocation that Los Angeles County will receive.

- **The public safety realignment involves approximately 10,000 California State prison inmates, 18 years of age or older who are envisioned as non-serious, non-violent, non-sexual convictions (Non-Non-Nons). On-going discussions continue as to whether the supervision of those individuals, will fall under the Los County Probation Department or the Sheriff's Department. In addition, it is estimated that approximately 40 percent of those individuals will need mental health services, and approximately 90 percent will need substance abuse treatment. Although there is a shortfall for mental health services in the County today, the shortfall and need of substance abuse treatment is far greater.**

- **In addition, DMH has had some experience where irrevocable parolees who should have been Non-Non-Nons have proven to be very difficult to deal with. At the request of the Board, DMH calculated that the treatment for self-identified parolees was approximately $10 million in approximately a year.**

- **DMH believes that the safety realignment will be very difficult, but workable, if inmates are Non-Non-Nons. However, if inmates are but higher level of acuity, it will be extremely difficult to absorb, that many high-end individuals into the population.**

- **The following year DMH will face realignment. The good news for DMH is that if the estimate that the State falls short of the actual need, a deficiency appropriation would be done due to the fact that Medicaid is a Federal entitlement. DMH may possibly receive a 90 percent Federal match for that population. DMH must utilize funds wisely, and if so, the money should be sufficient.**

- **DMH has two one-time monies that it must decide how to spend for Prevention and Early Intervention (PEI). One is PEI money that was not used because of slow start up. One-time PEI money is challenging because it cannot be used to buy computers or other one-time purchases. The other one-time money is new; the State has approximately $13 million that was never distributed; however, a decision has been made to distribute this money to the Counties. Los Angeles County will receive approximately 30 percent.**

In response to questions posed by the Commission, Dr. Southard added the following:

- **Currently, the Probation Department will supervise the release of the 10,000 inmates; however, the terms of probation for the parolees are unclear at this point. Many of the parolees were required to receive mental health treatment. In addition, it is up to the courts to decide if mental health treatment would be mandatory as a condition for parole.**

- **The Low Income Health Program (LIHP) is a portion of the 115 Waiver that began on July 1, 2011. The goal of the 115 Waiver health plan is to extend "Medicaid like" health services to poor adults who do not have custody of children. This new plan will be the expansion of Medicaid which prior to this plan, required Medicaid recipients to either have children or to be disabled to be in eligible for the benefit. In addition, if a parent loses custody of his/her child and as a result, loses Medicaid coverage, then the parent would be eligible for LIHP. However, LIHP is not an entitlement program. Those who are eligible may be able to sign up through the Los Angeles County Department of Health Services. The name of the local program is Healthy Way LA.**

- **DMH has developed great partnerships with the faith-based communities in the last few years by increasing the capacity for the faith-based community to receive and welcome persons with mental illness; and to engage the faith-based community to serve as system navigators and link people with more severe mental illness to the mental health system.**

The Commission invited Dr. Southard to return at a future Commission meeting to discuss the implications of the healthcare reform; which requires that everyone have healthcare coverage by 2014, including coverage for mental health services.

Dr. Southard agreed to return at a future Commission meeting.

After discussion, Dr. Southard's presentation was received and filed.

10. DCFS Acting Director's Report by Dr. Jackie Contreras, Acting Director, DCFS. (11-3319)

Dr. Sophy provided the Commission with the DCFS Acting Director's report, Dr. Sophy added the following:

- **Dr. Contreras will be attending a meeting in Sacramento on Thursday, July 21, 2011, to discuss the extensions of the Title IV-E Waiver (Waiver), and anticipates that both Alameda County and**

Los Angeles County will be granted the Waiver extension.

- **Priorities on how Waiver dollars will be spent have not changed since the last discussion from the June 20, 2011 Commission meeting.**

- **As of July 17, 2011, the Emergence Response (ER) referrals over 60 days have been reduced to 1,443. DCFS has been averaging approximately 1,200 to 1,500 referrals a week. A rise in the numbers seems to occur towards the latter part of the week. This rise can be attributed to staff holding back on making a decision safely because of the weekend. The three offices with the highest number of ER referrals over 60 days are Belvedere, Wateridge and Santa Fe Springs; these office account for approximately 47 percent of all ER referrals over 60 days.**

In response to questions posed by the Commission, Dr. Sophy added the following:

- **Dr. Sophy indicated that although the Federal government had not yet made a decision on the extension of the Waiver, they will most likely approve the extension based on the fact that the State has already done so.**

- **Dr. Sophy stated that to his knowledge no one had read Alameda County's evaluation report; however, Dr. Sophy indicated that he would follow up on it.**

- **Ms. Tish Sleeper, Children's Services Administrator lll informed the Commission that Alameda County had similar outcomes to Los Angeles County.**

- **Additionally, Parents for Partners Program were included in the list for programs to fund from with Waiver dollars. DCFS would like to expand the program to 150 partners.**

Dr. Sophy indicated that he would follow up with Dr. Contreras regarding the inclusion of the Parents for Partners Program on the list of programs that will be funded by the Waiver.

Chair Curry indicated that she would draft a summary of Waiver discussion that took place at the June 20, 2011 Commission meeting for Dr. Contreras prior to her trip to Sacramento.

After discussion, Dr. Sophy's report was received and filed.

V. MISCELLANEOUS

Matters Not Posted

11. Matters not on the posted agenda, to be discussed and (if requested) placed on the agenda for action at a future meeting of the Commission, or matters requiring immediate action because of an emergency situation or where the need to take action arose subsequent to the posting of the agenda. (11-3331)

Recommendation as submitted by Commissioner Kleinberg: Review and discussion of Commission's Policies and Procedures (Bylaws and Operating Procedures).

Public Comment

12. Opportunity for members of the public to address the Commission on items of interest that are within the jurisdiction of the Commission. (11-3171)

No members of the public addressed the Commission.

Announcements

13. Announcements for the meeting of July 18, 2011. (11-3340)

There were none.

Adjournment

14. Adjournment for the meeting of July 18, 2011. (11-3332)

The meeting was adjourned at 12:01 p.m.